

<b>Case Number:</b>	CM14-0037947		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/30/2011
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 36-year-old male who has submitted a claim for right sacroiliac joint dysfunction, right L4 / L5 radiculopathy, and right inguinal hernia associated with an industrial injury date of 9/30/2011. Medical records from 2013 to 2014 were reviewed. Patient complained of a 'bump' in the right groin area. Patient likewise experienced cramping, aching low back pain radiating to the right lower extremity associated with numbness and tingling sensation. Physical examination showed a 1.5 cm tender nodule in the right inguinal region, increasing in size with Valsalva maneuver. Lumbar range of motion was limited secondary to pain. Strength of right ankle dorsiflexor was rated 4+/5. Treatment to date has included sacroiliac joint injections, functional restoration program, and medications. Utilization review from 2/25/2014 denied the request for General Surgical consultation due to lack of history and physical examination data concerning the request.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**General surgeon consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Examination, Assessment Approaches/Consultati. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hernia

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient complains of a 'bump' in the right groin area. Physical examination shows a 1.5 cm tender nodule in the right inguinal region, increasing in size with Valsalva maneuver. The working impression is right inguinal hernia. Patient is currently being seen by orthopedics and evaluation/management for hernia is outside of its scope of practice. There is a clear rationale for the requested service. Therefore, the request for General Surgical consultation is medically necessary.